



June 9, 2014

Illinois Rural HealthNet
1120 East Diehl Road
Suite 140
Naperville, Illinois 60563

Re: Letter of Agency to (1) Seek Eligibility Determination (Form 460); (2) Seek Bids for Services (Form 461); and (3) Submit Funding Request and Manage Invoicing and Payments (Forms 462 and 463) in the Healthcare Connect Fund

To whom it may concern:

By this letter, Rosecrance Health Network confirms its participation in the Illinois Rural HealthNet. Rosecrance Health Network hereby authorizes Illinois Rural HealthNet to act on its behalf before the Federal Communications Commission (FCC) and the Universal Service Administrative Company's Rural Health Care Division in matters related to the Consortium's participation in the Healthcare Connect Fund.

Rosecrance Health Network includes the following sites:

Rosecrance Berry Campus
8616 Northern Avenue
Rockford, IL 61107

Rosecrance Griffin Williamson
1601 University Drive
Rockford, IL 61107

Rosecrance Harrison Campus
3815 Harrison Avenue
Rockford, IL 61108

Rosecrance Health Network
1021 North Mulford Road
Rockford, IL 61107

Rosecrance Ware Center
2704 N. Main Street
Rockford, IL 61107

rosecrance
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The sites listed above are locations of the Rosecrance Health Network.

Rosecrance Health Network authorizes Illinois Rural HealthNet to:

- submit the FCC Form 460, Eligibility and Registration, on its behalf, which is used to determine eligibility to participate in the Healthcare Connect Fund;

Rosecrance Health Network
1021 North Mulford Road
Rockford, Illinois 61107

T 815.391.1000
F 815.391.5041

rosecrance.org

- submit the FCC Form 461, Request for Services, on its behalf and prepare and post the request for proposal on its behalf for purposes of the Healthcare Connect Fund;
- submit the FCC Form 462, Funding Request, on its behalf, for purposes of the Healthcare Connect Fund. Illinois Rural HealthNet will not proceed to this step without receiving your approval first.
- submit FCC Form 463, Invoice and Request for Disbursement, on its behalf, to manage invoicing and payments for purposes of the Healthcare Connect Fund. Illinois Rural HealthNet will not proceed to this step without receiving your approval first.
- submit any other necessary documentation required to obtain funding through the Healthcare Connect Fund.

Existing FCC Pilot Projects seeking funding through the Healthcare Connect Fund are eligible to request funding for services provided as of July 1, 2013. Pilot Projects may seek new bids for services that will be funded through the Healthcare Connect Fund. Forms can be filed as of April 1, 2013. To ensure an orderly transition from the Pilot Program to the Healthcare Connect Fund, Pilot Projects are permitted to use the Pilot Program forms (FCC Forms 465, 466-A, 467 and USAC Invoice) to seek bids and request funding through the Healthcare Connect Fund, until such time as the Healthcare Connect Fund forms are available for use. Therefore, Rosecrance Health Network authorizes Illinois Rural HealthNet to file the 465 Package, 466-A Package and any other documentation necessary for the Illinois Rural HealthNet (IRHN) to seek bids and/or request funding for services and disbursements through the Healthcare Connect Fund. Rosecrance Health Network also authorizes the IRHN to make certifications included on the FCC Forms 465, 466-A, 467 and USAC Invoice on behalf of Rosecrance Health Network.

This Letter of Agency is effective from the date of this letter until June 30, 2016.

By this Letter of Agency, Rosecrance Health Network authorizes Illinois Rural HealthNet to make the certifications included in the FCC Forms 460, 461, 462 and 463 on behalf of Rosecrance Health Network. Those certifications are:

- a) The person signing this Letter of Agency is authorized to submit this letter on behalf of the Rosecrance Health Network.
- b) **Rosecrance Health Network** is non-profit or public.
- c) The person signing the application is authorized to submit the application on behalf of the applicant and has examined the form and all attachments, and to the best of his or her knowledge, information, and belief, all statements of fact contained therein are true.
- d) The applicant has followed any applicable state, Tribal, or local procurement rules.
- e) The supported connections, infrastructure and /or equipment associated with this request for funding will be used solely for purposes reasonably related to the provision of health care service or instruction, for which support is intended, and that

the health care provider is legally authorized to provide under the law of the state in which the services were provided and will not be sold, resold, or transferred in consideration for money or any other thing of value.

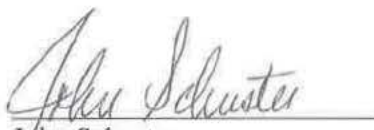
- f) The applicant satisfies all of the requirements under section 254 of the Act and applicable Commission rules.
- g) The applicant has reviewed all applicable requirements for the program and will comply with those requirements.
- h) The health care provider has considered all bids received and selected the most cost-effective method of providing the requested services as defined in the FCC's rules and instructions.
- i) Rosecrance Health Network is not requesting support for the same service from either the Telecommunications Program or Internet Access Fund and the Healthcare Connect Fund.
- j) The applicant understands that any letter from the Universal Service Administrative Company (USAC), the Administrator of the Healthcare Connect Fund, that erroneously commits funds for the benefit of the applicant may be subject to rescission.
- k) To the best of the applicant's knowledge, information and belief, the health care provider has received the network build-out or related services itemized on the submitted and the 35 percent minimum funding contribution for each item on the invoice was funded by eligible sources as defined in the FCC's rules and has been provided to the service provider.
- l) All documentation associated with the forms must be kept for a period of five years (including a copies of the submitted Forms), including but not limited to,

For Form 461: any bids/contract resulting from the Form 461 posting, scoring sheet, and other information that was used in the decision-making process) from the last day of the funding year; and

For Form 462: all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received.

Rosecrance Health Network

Signature:


John Schuster
Vice President Finance / CFO

Date:

JUNE 11, 2014